

Name

FEB 1 8 2011

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Kimberley Ros	Sel	P. Coreco and	House	☐ Senate
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City, zip code	M-90-W-9-W-9-W-9-W-9-W-9-W-9-W-9-W-9-W-9-		Phone	AllAPOBANTATIVATIONANINAPOPAAANEENSA HUURAAANINARSA TITOTAA III OO
Buckspoor o	04416	0877	469-5	7-79
PART 1. INCOM	NE DERIVE	ED FROM EMPLOYMENT BY AND	THER	
List the name and address of each employer from economic activity of each employer.	om whom y	ou received compensation of \$1,000 c	or more. Specify	the principal type of
None	na r		and the second s	
Name of Employer		Address		of Economic Activity mployer
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		J		
PART 2. INCOME DEF	RIVED FRO	OM SELF-EMPLOYMENT OR LAW	V PRACTICE	
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if firm, profes	any, and list the major areas of econo sional association, or similar business of	mic activity or pracentity, list the majo	ctice from which you r areas of economic
None		On the final state of the state		000 M байлдаг их II Виболобоння и помеще председ до
Name and Address of Business Entity or Law	Firm	Major Areas of Economic Activity/ Law Practice (self)	Law (partnership, ass	Economic Activity/ Practice ociation, firm or similar less entity)
Name:				
Address:				
Name:	**************************************	от 10 min до 10		1997 ж. обобан Мобан Мобан Авай оны бай бай дайр үү үү үү өрөөө үү үү үү өрөөө үү үү үү үү үү өрөө байгай амба
Address:				

PART 2 (continued). INCOME DERIVED FROM SELF-E	MPLOYMENT
B. List each source of income derived from self-employment or law practice that represer \$1,000, whichever is greater, and specify the principal type of economic activity of the en income. If this form of disclosure is prohibited by law, rule, or an established code of profess economic activity of the entity or person from whom the income was derived.	lity or person from whom you derived such
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not included	ude gifts or honoraria. If none, check the
☑ None	
Name and Address of Source	Kind of Income (investments; leases, etc.)
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received duareas of economic activity of each creditor. Do not list credit card liabilities, educational loans, regulated financial institutions. If none, check the box.	iring the reporting period, and list the major loans from a relative, or business loans from
☑ None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	Who were
Name:	
Address:	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of r	more than \$300. If none, check the box.
None	отнопольный при домного полительный польность польность польность польность польность польность польный переда
	lame of Source of Gift
1. Women in Gorslament 3.	
2. 4.	

PART 6. RI	EPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances or	speeches. If none, check the box.	
None		
Name of Source of Honoraria	Name of	Source of Honoraria
1.	3.	
2.	4.	
PART 7. REPRESEN	TATION BEFORE STATE AGENC	ES
List each executive branch agency before which you represe box.	ented or assisted others for compensa	tion of any amount. If none, check the
None	PP 000 PP 60 PP 000 PP 60 PP 44 64 64 64 64 64 64 64 64 64 64 64 64	PER
Name of Agency	Na	me of Agency
1.	3.	
2.	4.	
	IESS WITH STATE AGENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	er of your immediate family sold good family member sold the goods or servi	s or services with a value in excess of ces. If none, check the box.
None	www.maseuryan.jpp.papy.grp.cop/proce/sites	**************************************
Name of Agency	Na Na	ne of Agency
1.	3 .	
2.	4.	enconcentration conference and a destinate of section of the secti
	ED BY MEMBERS OF IMMEDIATE	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	I of income represented. If your spous	e or domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: Richard CoseN	1. Public Service 2. Retail	1. Employment 2.
Job Title: Meachant State Senator	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:	(r	

List any for-profit	1440404466664466464644444	PART 10. OFF	ICER OR DIRECTO	R POSITIONS		
tion was compens	usteeship, director	ship, or position of any	nature. Indicate wheth	ss in which you or a me ner you or a family held he name of the family m	the position and wi	diate family hether the posi-
□ None		Person Pe	2-hould fol habenna's annewskumer anne 1111 americ 1111 americ 1111 (1165) (2-1)-6-6-6) a meil 2-10-6-6 (1166)		of the best of N 2010 th N 2010 the best and 11 P Andréa and and a second as 1 Announce and a second as a second	emmenten er en
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Control of the Contro			SIGNATURE			
A Legislator who	willfully fails to f	ile a required statem	ent is subject to a fin	e of up to \$100. (1 N	1 D C A & 1017 /	
	Signature /			Feb D	/ 7 <i>→</i> 0 / (ate	
a de deservir		**************************************				
Please provide a	any additional ini you are providing		TIONAL INFORMATION And INFORMA	FION s if needed). Indicate	e the part or secti	on number for
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